

STATE OF NEW HAMPSHIRE

BUSINESS NAME _____

LICENSE NUMBER

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PIN NUMBER

Enter PIN Number on Telefile

THIS WORKSHEET MUST BE COMPLETED PRIOR TO FILING THE
Telefile Telephone Number (603) 271-1000

For the month of

Filing due date

01/2000	02/2000	03/2000	04/2000	05/2000
02/15/2000	03/15/2000	04/17/2000	05/15/2000	06/15/2000

Payment authorized on line 20 will be debited from your

RECEIPTS FROM MEALS AND BEVERAGES

1	Tax Excluded Receipts					
2	Meals Tax @ 8% (Line 1 multiplied by .08)					
3	Tax Included Receipts					
4	Meals Tax @ 7.41% (Line 3 multiplied by .0741)					
5	TOTAL MEALS TAX (Line 2 plus line 4)					

RECEIPTS FROM RENTALS

6	Room Rental Receipts					
7	Permanent Resident Receipts					
8	Taxable Room Rental Receipts Line 6 minus line 7					
9	TOTAL ROOM RENTAL TAX Circle rate used. Line 8 multiplied by .08 or .0741.					
10	Motor Vehicle Rental Receipts					
11	TOTAL MOTOR VEHICLE RENTAL TAX. Circle rate used. Line 10 x rate, .08 if tax excluded, .0741 if tax included. Round to nearest dollar.					
12	TOTAL TAX (Line 5 plus line 9 plus line 11)					

ADDITIONS AND DEDUCTIONS

13	Commission (Line 12 multiplied by .03) See 3% commission requirement on page 4.					
14	Advanced Payment or Credit Memo					
15	TOTAL DEDUCTIONS (Line 13 plus line 14)					
16	Interest (See instructions)					
17	Penalty for Failure to Pay (See instructions)					
18	Penalty for Failure to File (See instructions)					
19	TOTAL ADDITIONS (Sum of lines 16, 17 & 18)					

20	TOTAL PAYMENT DUE (Line 12 minus line 15 plus line 19)					
21	TAX EXEMPT MEALS & RENTALS RECEIPTS (See instructions)					

01/2000	02/2000	03/2000	04/2000	05/2000
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THE TELEFILE SYSTEM WILL PROVIDE A 10 DIGIT CONFIRMATION NUMBER TO VERIFY THE

22	CONFIRMATION NUMBER					
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MEALS & RENTALS TAX WORKSHEET

2000

LICENSE NUMBER

N.H. MEALS & RENTALS RETURN AND MUST BE RETAINED FOR THREE YEARS.

Telefile Telephone Number (603) 271-1000

06/2000	07/2000	08/2000	09/2000	10/2000	11/2000	12/2000	TOTAL
07/17/2000	08/15/2000	09/15/2000	10/16/2000	11/15/2000	12/15/2000	01/16/2001	2000

account the next business day after the filing due date above.

RECEIPTS FROM MEALS AND BEVERAGES

1							
2							
3							
4							
5							

RECEIPTS FROM RENTALS

6							
7							
8							
9							
10							
11							
12							

ADDITIONS AND DEDUCTIONS

13							
14							
15							
16							
17							
18							
19							
20							
21							

06/2000	07/2000	08/2000	09/2000	10/2000	11/2000	12/2000	2000
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TRANSACTION. PLEASE ENTER THE NUMBER IN THE APPROPRIATE SPACE BELOW.

22							
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NEW HAMPSHIRE DEPARTMENT OF REVENUE ADMINISTRATION
MEALS & RENTALS TAX RETURN

FOR DRA USE ONLY



MAKE SUFFICIENT COPIES FOR ALL YOUR FILING PERIODS BEFORE FILLING OUT THIS FORM.

BUSINESS NAME _____

License Number

Tax Period

Due Date

Amended
Return ☐

IF THIS IS YOUR FINAL RETURN, PLEASE GIVE REASON:

☐ ① Business Discontinued ☐ ② Change in Organization ☐ ③ Business Sold Last Day of Business _____

RECEIPTS FROM MEALS AND BEVERAGES

1	Tax Excluded Receipts.....	1		
2	Meals Tax at 8% (Multiply line 1 by .08).....	2		
3	Tax Included Receipts.....	3		
4	Meals Tax at 7.41% (Multiply line 3 by .0741).....	4		
5	Total Meals Tax (Line 2 plus line 4).....	5		

RECEIPTS FROM RENTALS

6	Room Rental Receipts.....	6		
7	Permanent Resident Receipts.....	7		
8	Taxable Room Rental Receipts (Line 6 minus line 7).....	8		
9	Total Room Rental Tax (Multiply line 8 by .08 or .0741. Circle rate used).....	9		
10	Motor Vehicle Rental Receipts.....	10		
11	Total Motor Vehicle Rental Tax (Multiply line 10 by .08 or .0741. Circle rate used).....	11		
12	Total Tax (Line 5, plus line 9 plus line 11).....	12		

ADDITIONS AND DEDUCTIONS

13	Commission (Line 12 multiplied by .03. See 3% commission requirement on page 4).....	13		
14	Advance Payment or Credit Memo.....	14		
15	Total Deductions (Line 13 plus line 14).....	15		
16	Interest (See instructions).....	16		
17	Penalty for Failure to Pay (See instructions).....	17		
18	Penalty for Failure to File (See instructions).....	18		
19	Total Additions (Sum of lines 16, 17 & 18).....	19		
20	Total Due (Line 12 minus line 15, plus line 19) Make check payable to State of New Hampshire.....	20		
21	Tax Exempt Meals & Rentals Receipts (See instructions).....	21		

FOR DRA USE ONLY

Under penalties of perjury, I declare that I have examined this form and to the best of my belief it is true, correct and complete.
If prepared by a person other than the taxpayer, this declaration is based on all information of which the preparer has knowledge.

Signature (Failure to sign may result in the assessment of penalties.)

Preparer Other Than Taxpayer

Date

Telephone Number

Date

Preparer's Identification Number

**MAIL
TO:**

NH DEPT OF REVENUE ADMINISTRATION
DOCUMENT PROCESSING DIVISION
PO BOX 2035
CONCORD NH 03302-2035

Preparer's Address

City or Town, State, Zip Code